

KENTUCKY BOARD OF LICENSURE OF MARRIAGE AND FAMILY THERAPISTS

PO Box 1360

Frankfort, KY 40602

(502) 564-3296 ext. 239

www.state.ky.us/agencies/finance/occupations/marriagetherapy/index.htm

LICENSE RENEWAL APPLICATION

Name: _____ SSN: _____
Address: _____
City: _____ State _____ License # _____ Expiration Date: _____
Zip: _____

Your Marriage and Family Therapist license expires on the date stated above. In accordance with KRS Chapter 335 and regulations governing this profession, you are required to renew your license each year by completing and submitting this form, the renewal fee of \$110.00, and evidence of completion of at least **fifteen (15) hours** of approved continuing education, **three (3) hours must include Ethics Training**. **A late renewal fee of \$50 must be submitted in addition to the renewal fee if postmarked after the expiration date shown above. IF AUDITED PLEASE ATTACH DOCUMENTATION OF CONTINUING EDUCATION.** (DO NOT attach documentation unless you are audited.) *You should receive your license renewal card in approximately two weeks.* **All fees must be paid by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH. Incomplete forms will be returned. There will be no exceptions.**

Inactive License: If your license is currently on "inactive" status, you must complete this form and document at least fifteen (15) hours of continuing education, three (3) hours must include Ethics Training. Do not submit the \$110 fee.

PLEASE COMPLETE THE FOLLOWING (Please print or type):

I. Present Mailing Address:

Name: _____

Address: _____

E-Mail Address: _____

2. Present Business Address:

Name: _____

Address: _____

3. Home Phone (____) _____ Business Phone (____) _____ FAX # (____) _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license?

____ Yes ____ No

If yes, what offense and give details _____

6. Has your License to be a Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? ____ Yes ____ No. If yes, give details, _____

Incomplete forms will be returned. DO NOT attach documentation unless you are audited. It is your responsibility to maintain documentation of continuing education.

Seminar/Program Title	Dates Attended Month/Day/Year	Hours Earned

CERTIFICATION AFFIDAVIT

I, the licensee named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Date _____ Applicant's Signature _____
(Sign your name – Do not print or type)

Do Not Write Below This Line—For Board and Office Use Only

RENEWAL APPLICATION REVIEW – FOR BOARD MEMBER USE ONLY

Application: _____ **Date** _____
☐ Approved ☐ Approved Provisionally ☐ Deferred ☐ Denied

Committee Signatures _____

Comments: _____

Resubmitted: _____ **Date:** _____
☐ Approved ☐ Approved Provisionally ☐ Deferred ☐ Denied

Committee Signatures _____

Comments: _____
